CALIFORNIA DEPARTMENT OF INSURANCE

California Organized Investment Network (COIN)

Date Received/Logged:

Community Development Financial Institutions Application for Certification

ORGANIZATION CONTACT AND BACKGROUND INFORMATION				
Name of Organization:	Address (Street, City, State, Zip):			
Contact Person:	Title:	Phone:	Phone:	
		Fax:		
0126		Email:		
Stated Mission of Organization:				
Geographic Service Area:				
Organization Background:				
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Legal Status (i.e. sole proprietorship, Partnership	p, corp, etc):	Tax ID:	Profit	
			Nonprofit	
Is your organization a certified Community Dev				
Financial Institution (CDFI) with the US Treasu		Entity (CDE) under the feder		
please provide a copy of the Treasury Certificati	ion Letter.)	program? (If yes, please prov Certification Letter.)	ide a copy of the Treasury	
Yes No				
		Yes	No	

CALIFORNIA CDFI CRITERIA				
Criteria is based on California Revenue and Taxation Code, Section 12209(g)(2), 17053.57 (f)(2), 23657 (f) (2)				
1. Is your organization a private financial institution located in California?	Yes	No		
2. Is your organization's primary mission community development?	Yes	No		
3. Does your organization lend to urban, rural, or reservation based communities?	Yes	No		

DOCUMENTS CHECKLIST			
Cover Letter	Audited Financial Statements, last 3 years		
Mission Statement	Marketing Brochure		
Articles of Incorporation and bylaws	California Statement by Domestic Nonprofit Corporation		
Organizational Chart and Narrative	IRS 501(c)(3) Determination Letter		
List of Board of Directors and Personal Histories	Fundraising History (examples of executed notes)		
List of Key Staff and Personal Histories	Department of Treasury CDFI Certification Letter		
Annual Report	Department of Treasury CDE Certification Letter		
Other Documents as Requested			